

PROOF OF CLAIM

56

United States Bankruptcy Court
District of Idaho

 US BANKRUPTCY COURT
 DISTRICT OF IDAHO
 550 W FORT MSC-042
 BOISE ID 83724
PROOF OF CLAIM
 Chapter
 (please check appropriate box):
 7 ☐ 11 ☐ 12 ☐ 13 ☒
**Proof of Claim Form and
 Supporting Documents are to be
 filed in DUPLICATE on Chapter
 12 and 13 cases.**
**THIS SPACE FOR COURT
 USE ONLY**
In Re: (NAME OF DEBTOR) Peggy L. Sheldon
CASE NUMBER: 99-01789
**NAME AND MAILING ADDRESS OF CREDITOR (The person or other entity
 to whom the debtor owes money or property):**
Associates Credit Service, Inc.
421 Coeur d'Alene Ave., Suite 4
Coeur d'Alene, ID 83814
(208) 667-1596
NOTE: This form should not be used to
 make a claim for an administrative expense
 arising after the commencement of the case.
 A "request" for payment of an
 administrative expense may be filed
 pursuant to 11 USC §503.

**ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES
 DEBTOR**
02-186756 / 2-186757

 Check here if this claim: ☐ REPLACES
☐ AMENDS a previously filed claim dated:

1. BASIS FOR CLAIM: ☐ Goods Sold ☒ Services Performed ☐ Money Loaned ☐ Personal Injury/Wrongful Death ☐ Taxes ☐ Assignment
☐ Retiree Benefits as defined in 11 U.S.C. §1114(a)
☐ Wages, salaries and compensation: Social Security #: _____

 Unpaid compensation for services performed from _____ to _____
 DATE DATE

2. DATE DEBT OCCURRED:
8-29-97
3. IF COURT JUDGMENT, DATE OBTAINED:
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code, all claims are classified as one or more of the following:
 a. Secured b. Unsecured Nonpriority c. Unsecured Priority

It is possible for part of a claim to be in one category and part in another. COMPLETE THE APPROPRIATE BOX (or boxes) that best describes your claim and STATE THE AMOUNT OF THE CLAIM AT THE TIME THE CASE WAS FILED.

SECURED CLAIM: \$ _____

Attach evidence of perfection of security interest

 Brief description of Collateral: ☐ Real Estate ☐ Motor Vehicle
☐ Other (Describe Briefly)

 Amount of Arrears and other charges at time case was filed included in secured claim above, if
 any: \$ _____

UNSECURED CLAIM: \$ 194.81

 A claim is unsecured if there is not collateral or lien on property of the debtor securing the claim
 or to the extent that the value of such property is less than the amount of the claim.

UNSECURED PRIORITY CLAIM: \$ _____
SPECIFY THE PRIORITY OF THE CLAIM:
☐ Wages, salaries, or commissions (up to \$4000, earned not more than 90 days before the filing of the
 bankruptcy petition or cessation of the debtor's business, whichever is earlier) 11 USC § 507(a)(3).

☐ Contributions to an employee benefit plan - 11 USC § 507(a)(4).

☐ Up to \$1800 of deposits toward purchase, lease, or rental of property or services for personal,
 family, or household use - 11 USC § 507(a)(6).

☐ Taxes or penalties of governmental units - 11 USC § 507(a)(7).

☐ Other - Specify applicable paragraph of 11 USC § 507(a) ____

5. TOTAL AMOUNT OF CLAIM AT THE TIME THE CASE WAS FILED:
UNSECURED: \$ 194.81 **SECURED: \$** _____ **PRIORITY: \$** _____ **TOTAL \$** 194.81
☐ Check if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

6. CREDITS AND OFFSETS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.
 In filing this claim, claimant has deducted all amounts that claimant owes to the debtor.

THIS SPACE FOR COURT USE ONLY
7. SUPPORTING DOCUMENTS: ATTACH COPIES OF SUPPORTING DOCUMENTS, such as promissory notes, purchase orders, invoices,
 assignments, deficiency documents, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents
 are not available, explain. If the documents are voluminous, attach a summary.

DATE:
7-27-99

 Sign and print the name and title, if any, of the creditor or other person authorized to file this
 claim (attach copy of power of attorney, if any). Kelli A. Osain
Kelli A. Osain - Legal Secretary TELEPHONE No: 208-667-1596

#6

020332 SHELDON, PEGGY L

FEB 26 1998

PT: J02020332

SHELDON, PEGGY L

1030 E 4TH

MERIDIAN, ID 83642

888-4566/208 375-2413

GUAR: 519-76-1118

SHELDON, PEGGY L

1030 E 4TH

MERIDIAN, ID 83642

208 888-4566 (H)

F ADM/SER: 08/29/97 UR CHG: 0 SPAY000
DISCHARGE: AR CHG: 193.00
02/17/98 LST STMT: 11/28/97 BALANCE: 194.91
RDSRV

194.91 08/29/97

2186757

DATE	BCH	SER	DATE	USER	PROCEDURE	BL#	DESCRIPTION	AMOUNT	BALANCE
17/98		SJS13			C-16		BALANCE FORWARD CALLED PT AND SPOKE WITH HER AND SHE STATED SHE HAD FILED A CHAPT 13 IN BOISE ID ON 010898 AND THE CASE # IS 98-00042-13 HER ATTORNEY IS RICHARD ALBAN 800 728 6783	194.91	194.91
17/98		SJS13			C-17		PER ANN SEND TO ACS PUT CHART IN FOR BAD DEBT WRITE OFF TO ACS		194.91
17/98	36	02/17/98	SJS13		BD XFER		From FB to ASCRDSRV, MSG #: 1		194.91



ASSOCIATED
CREDIT
SERVICE
INC.

120 N WALL SUITE 350
SPOKANE, WA 99201-0614
TELEPHONE (509) 252-4600 FAX-1-509-252-4984

LICENSED
BONDED

July 20, 1999

U.S COURTHOUSE & FEDERAL BUILDING
205 N 4th Room 214
COEUR d'ALENE ID 83814

RE: BANKRUPTCY CASE # 99-01789

The following creditor information is found under our, ACS INC. of IDAHO,
account # C2.186756/2.186757.

CREDITOR: HOLY FAMILY HOSPITAL
LISTED: 02/26/98
PRINCIPAL: \$194.91
TRANSDATE: 08/29/97

INTEREST AS OF 07/28/95: \$44.83

TOTAL BALANCE \$239.74

If you have any questions or concerns regarding the above information we
are including with our proof of claim, you may contact me at 509-484-4600.

Thank you for your time and cooperation

Sincerely,

DAVID M. SOLBERG
SECRETARY/TREASURER